

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90006 024 ****61.25

DOCUMENT # N17654

1. Entity Name

**CHURCH OF GOD AND SAINTS OF CHRIST - TABERNACLE
 # ONE, JACKSONVILLE, FLA, INC.**

Principal Place of Business

Mailing Address

**3401 STUART STREET
 JACKSONVILLE FL 32209-4350**

**3401 STUART STREET
 JACKSONVILLE FL 32209-4350**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EAVES, SAMUEL JOSEPH, SR.
 3401 STUART STREET
 JACKSONVILLE FL 32209**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T/D ☐ Delete
 TITLE NAME
EAVES, MARY
 STREET ADDRESS
3710 STUART STREET
 CITY-ST-ZIP
JACKSONVILLE FL 32209

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

V ☐ Delete
 TITLE NAME
LEGREE, BEVERLY
 STREET ADDRESS
2638 Sunrise Ridge LN
 CITY-ST-ZIP
Jacksonville, FL 32211

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Delete
 TITLE NAME
TURNER, JEWEL E.
 STREET ADDRESS
862 TAMMY COVE DR
 CITY-ST-ZIP
JACKSONVILLE FL 32218

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

P ☐ Delete
 TITLE NAME
EAVES, EVELYN
 STREET ADDRESS
2259 COURTNEY DR.
 CITY-ST-ZIP
JACKSONVILLE FL 32208

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

S/D ☐ Delete
 TITLE NAME
JONES, ABIGAIL E.
 STREET ADDRESS
3416 STUART STREET
 CITY-ST-ZIP
JACKSONVILLE FL 32209

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel J. Eaves* **4/19/02 (904) 381-3935**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)